

## HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470

email: ethics@hawaiiethics.org

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STATE OF HAWAD STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

	(Type of Pill)	( Oleany)		
PARTI LOBBY	IST			
NAME(Last)	(First)	(Middle)	TELEPHONE	
KANEKO	WILLIAM	М.	524-1800	
MAILING ADDRESS ( 18th Floor, 1001 Bishop	American Savings Bank Towe	er	FAX 524-4591	
(City)	(State)	(Zip	Code)	
Honolulu	Hawaii	9	6813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)  TELEPHONE				
Alston Hunt	Floyd & Ing		524-1800	
MAILING ADDRESS ( 18th Floor, 1001 Bishop	American Savings Bank Towe	er	FAX 524-4591	
(City)	(State)	(Zip	Code)	
Honolulu	Hawaii	96	813	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
HAWAII AIR AMBULANC	(415) 479-7902	
MAILING ADDRESS (Street)	FAX	
70 Mitchell Blvd., #202		(415) 479-5464
(City)	(State)	(Zip Code)
San Rafael	California	94903
NAME OF PERSON RESPONSIBLE FOR	R PREPARING ORGANIZATION'S EXPENDITURES STATEME	TELEPHONE
Andy Kluger		(415) 479-7902
MAILING ADDRESS (Street)		FAX
70 Mitchell Blvd.,	#202	(415) 479-5464
(City)	(State)	(Zip Code)
San Rafael	California	94903

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY				
Agriculture	Education	Human Services	Science, Technology & Economic Development	
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation	
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation	
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)	
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections		

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

PART IV CERTIFICATION OF LOBBYIST

(Signature of Lobbyist)		(Date)	
PART V AUTHORIZATION TO LOBB			
NAME	TITLE OF AU	THORIZING OFFICER OR PERSON REPRESENTED	
Andy Kluger	CEO		
NAME OF ORGANIZATION (if applicable)	-	TELEPHONE	
Hawaii Air Ambulance		(415) 479-7902	
MAILING ADDRESS (Street)		FAX	
70 Mitchell Blvd., #202		(415) 479-5464	
(City)	(State)	(Zip Code)	
San Rafael	California	94903	
Juleu Ke	lan	g activities on behalf of the undersigned.  3/20 os  (Date)	
(Signature of Authorizing Office	on represented	(Dato)	